

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5802



October 9, 1981

ALL-COUNTY INFORMATION NOTICE I-127-81

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CWD SALARY AND BENEFIT STATEMENT FISCAL YEAR 1981/82

REFERENCE:

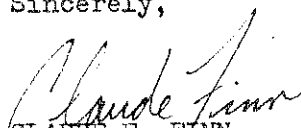
The Department of Social Services is transmitting the FY 1981/82 CWD Salary and Benefit Statement (DFA 442). This questionnaire will be the basis for allocation adjustments to AFDC, NAFS and Medi-Cal, and should be completed as soon as actual information is available.

Counties should note that while the questionnaire requests actual salary and benefit increases, the Budget Act of 1981 prohibits the allocation of county administrative funds for AFDC, NAFS, Social Services, IHSS and Medi-Cal in excess of the six percent increase authorized by the Legislature for personal and non-personal services. This provision does not preclude increases, but establishes a six percent limit on the allocation of funds available for funding such increases. The department has also determined that parity adjustments are also subject to this limitation. Adjustments to your AFDC, NAFS and Medi-Cal allocations will be made in January to reflect the county's actual increase or six percent, whichever is less.

The attached statement requests in Section I and II, a breakout of projected salary increases and benefit increases by specific salary pool. Section III represents the sum of Section I and II combined. Section IV of the statement requests the actual cost-of-living increases granted by the County Board of Supervisors. And Section V requests an explanation of any differences in percentage reported between Section I and Section IV. An instruction sheet is attached to facilitate ease in completion of the form.

If you have any questions regarding the eligibility and non-service portion, please contact Marcia Davey of the County Administrative Expense Control Bureau at (916) 322-5802. Any further questions concerning the Social Services portion should be directed to the monitoring staff of the Fiscal Policy and Procedures Bureau at (916) 445-7046.

Sincerely,


CLAUDE E. FINN
Deputy Director

Attachment

INSTRUCTIONS FOR USE OF THE CWD SALARY AND BENEFIT STATEMENT
DFA 442 - Fiscal Year 1981/82

Supply data in Sections I through IV in decimal fraction amounts carried out two places, (example: 6.67%). If there is an item that is not applicable, enter "N/A". Please maintain detailed back-up information on the data submitted to facilitate verification, if needed.

Section I - FY 1981/82 Average Cost-of-Living Salary Increase

- Column 1 equals projected FY 1981/82 Salary Pool ÷ FY 1980/81 Salary Pool. These percentage increases should be based on the respective salary pools classifications, excluding benefits. For purposes of year to year comparison, please use the same total number of employees for each year.
- Column 2 is the effective date of FY 1981/82 salary increases.

Section II - FY 1980/81 and FY 1981/82 Average Benefits Paid by County

- Column 1 equals FY 1980/81 Total Paid Contributions ÷ FY 1980/81 Salaries.
- Column 2 equals Projected FY 1981/82 Total Paid Contributions ÷ Projected FY 1981/82 Salaries.
- Column 3 equals Net Benefit Rate Difference or Column 2 minus Column 1. Total rate, item g must equal the sum of items a through f.
- Column 4 is the effective date of FY 1980/81 benefits.
- Column 5 is the effective date of FY 1981/82 benefits.

Section III - FY 1981/82 Average Cost-of-Living Salary and Benefit Increase

- Section III combines the Salary Increases from Section I, Column 1 with the Total Net Benefit Rate increases from Section II, Column 3, to derive the Total projected salary and benefit increases by salary pool.

Example: Section I, Column 1, item a "Eligibility and Nonservices"	6.67%
+Section II, Column 3, item g "Total Benefit Net Rate"	3.27%
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=Section III, Column 1, item a "FY 1981/82 Percentage Change"	9.94%

- Note: Total Net Benefit Rate remains constant for this calculation.

Section IV - FY 1981/82 Cost-of-Living Salary Increase Granted by the County Board of Supervisors

- Column 1 enter actual salary increase amount granted by the County Board of Supervisors. If a given salary pool (i.e., clerical) had different cost-of-livings granted, use a weighted average for that classification.
- Column 2 is the effective date of FY 1981/82 salary increases.

Section V - Provide Explanation of Any Classification Within Section I Receiving Cost-of-Living Increases in Excess of 6.00 Percent. Also, Provide an Explanation of Any Differences in Percentage Reported Between Section I and Section IV

- Use this section to provide detailed information for salary cost-of-living increases in excess of 6.00 percent.
- Salary pool increases may differ from the amount granted by the Board of Supervisors due to merit salary adjustments, unfilled vacancies, special one-time salary adjustments, etc. Provide rationale to explain the differences within each salary pool classifications between Section I and Section IV.

CWD SALARY AND BENEFIT STATEMENT -
FISCAL YEAR 1981/82

County _____

Contact _____

Title _____

Telephone _____

I. FY 1981/82 Average Cost-of-Living Salary Increase

SALARY POOLS	(1) PERCENTAGE CHANGE FY 81/82 TO FY 80/81	(2) EFFECTIVE DATE
a. Eligibility and Nonservices.	_____ %	____/____/____
b. Clerical Support.	_____ %	____/____/____
c. Administrative Support. . . .	_____ %	____/____/____
d. Fraud Investigators	_____ %	____/____/____
e. Social Services.	_____ %	____/____/____

II. FY 1980/81 and FY 1981/82 Average Benefits Paid by County

BENEFITS CONTRIBUTION	AVERAGE CWD RATE			EFFECTIVE DATE	
	(1) FY 1980/81	(2) FY 1981/82	(3) NET RATE (Col. 2 - 1)	(4) FY 1980/81	(5) FY 1981/82
a. OASDI.	_____ %	_____ %	_____ %	____/____/____	____/____/____
b. Retirement.	_____ %	_____ %	_____ %	____/____/____	____/____/____
c. Health Insurance	_____ %	_____ %	_____ %	____/____/____	____/____/____
d. Life Insurance	_____ %	_____ %	_____ %	____/____/____	____/____/____
e. State Compensation	_____ %	_____ %	_____ %	____/____/____	____/____/____
f. Other: (specify)					
_____	_____ %	_____ %	_____ %	____/____/____	____/____/____
_____	_____ %	_____ %	_____ %	____/____/____	____/____/____
g. TOTAL RATE.	_____ %	_____ %	_____ %	____/____/____	____/____/____

III. FY 1981/82 Average Cost-of-Living Salary and Benefit Increase

TOTAL SALARIES AND BENEFITS	(1) FY 1981/82 PERCENTAGE CHANGE
a. Eligibility and Nonservices.	_____ %
b. Clerical Support.	_____ %
c. Administrative Support. . . .	_____ %
d. Fraud Investigators	_____ %
e. Social Services.	_____ %

RETURN TO:

County Administrative Expense Control
Department of Social Services
744 P Street, Mail Station 11-90
Sacramento, California 95814

IV. FY 1981/82 Cost-of-Living Salary Increase Granted by the County Board of Supervisors

COST OF LIVING	(1) PERCENTAGE GRANTED FY 80/81	(2) EFFECTIVE DATE
a. Eligibility and Nonservices.	_____ %	____/____/____
b. Clerical Support.	_____ %	____/____/____
c. Administrative Support. . .	_____ %	____/____/____
d. Fraud Investigators	_____ %	____/____/____
e. Social Services.	_____ %	____/____/____

V. Provide explanation of any cost category within Section I. receiving cost-of-living increases in excess of 6.00 percent. Also provide an explanation of any differences in percentage reported between Section I. and Section IV. Specify what percentage is due to merit salary adjustments, unfilled vacancies, salary survey adjustments, etc.

a. Eligibility and Nonservices:

b. Clerical Support:

c. Administrative Support:

d. Fraud Investigators:

e. Social Services:

hereby certify that the figures reported herein represent actual employee benefit rates or salary increases as reflected in this county's final budget for FY 1981/82.

DATE _____ SIGNATURE OF COUNTY WELFARE DIRECTOR _____

DATE _____ SIGNATURE OF COUNTY AUDITOR _____